

Catawba Hospital

Person Centered Care and Recovery

Where Do We Go From Here?



“ . . . a person with mental illness can recover even though the illness is not “cured” [Recovery] is a way of living a satisfying, hopeful, and contributing life even with the limitations caused by illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness”. (Anthony, 1993).

Anthony's statement provides a poignant starting premise for building use of recovery principles, supporting attitudinal transformation in our staff and integrating empowering principles and tools in our planning and work, collaborating with the persons we serve.

Catawba Hospital Mission Statement:

To support the continuous process of recovery by providing quality psychiatric services to those individuals entrusted to our care.

Catawba Hospital Vision Statement: *EXCELLENCE*

Catawba Hospital CORE Values: *EXCELLENCE* in

- Clinical Service
- Consumer Recovery
- Corporate Stewardship

The following document represents the efforts of Catawba Hospital staff in our planning process for improving the recovery-based treatment and supports for those individuals who utilize our services, as well as those individuals who care for and support them.

Senior Leadership

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY
Provide leadership for progression of person centered care through culture change, including more choice and more voice for persons receiving services.	Continue to articulate a clear vision, mission, and set of values which is revised as needed to reflect growth and development in person centered care.	Review and possible revision of mission, vision and values to reflect changes in Facility growth.	12 months from date of last revision and every 12 months thereafter	Facility Director
Recognize staff who demonstrate compassionate, person centered attitudes and approaches to care and set an example for others in support of the Facility's mission.	<p>1. The Peer to Peer Recognition Program will have a "Recovery Champion" nomination category for staff who, "Demonstrate leadership in use of person first principles and language in supporting recovery for those we serve".</p> <p>2. Persons receiving services will have a method to nominate staff for the "Recovery Champion" award.</p>	<p>1. The Peer to Peer Recognition Form is revised and recognition pins are purchased.</p> <p>2. A form is developed for use by service recipients to nominate staff.</p>	<p>3 months</p> <p>6 months</p>	Facility Director, Director of Staff Development and Training
Develop an evaluation component for examining and refining existing practices through a recovery lens.	<p>Develop a Steering Committee with four workgroups: a. Recovery Practices; b. Staff Development; c. Treatment Planning; d. Community Linkages.</p> <p>Develop a Service Recipient Council to be named by members.</p>	<p>Activation of each subgroup.</p> <p>Council is convened.</p>	<p>Implement one subgroup each quarter starting _____</p> <p>18 months</p>	Facility Director, Chief of Staff, Chief Nurse Executive, Vice President for Patient Care Services, Individuals Receiving Services
Foster cooperation and create partnerships with stakeholders to facilitate seamless support for those in need of services.	Develop a funding proposal utilizing regional funds to increase development of recovery based treatment opportunities for persons receiving services.	Proposal is submitted to Regional Partnership.	24 months	Facility Director

Workforce Development

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY
Enhance all staff's ability to see strengths, have positive expectations for individuals' ability to engage in meaningful activity and capacity for growth, no matter how severe the illness with which that individual lives.	Provide class on person centered care to all new employees, augmented by material from the <i>Mental Health Recovery: What Helps and What Hinders?</i> (Onken, Dumont, Ridgway, Douglas, Dornan, Ralph 2002) report.	Pilot questionnaires with new staff at the beginning and end of orientation. Questionnaires will be based on OIG Staff Survey questions from "Review of Services at VA State Mental Health Facilities". Expect 5% positive change in questionnaire responses between pre and post class completion.	3 months	Director of Staff Development and Training
Employees will demonstrate retention and growth of positive attitudes and beliefs about recovery since beginning employment.	Pilot for six months a follow-up questionnaire for all new employees three months after completion of classroom orientation. The same questionnaire based on the OIG Staff Survey will be used.	Expect 10% change from initial questionnaire responses.	6 months	Director of Staff Development and Training
Successfully integrate peer support employee into the Facility culture.	Begin staff education to prepare the environment for inclusion of a peer support employee. Bring Peer Specialists in for discussion and exchange of ideas.	A Peer Support employee begins employment.	12 months	Chief Nurse Executive, Chief of Staff, Vice President for Patient Care Services
Implement Motivational Interviewing as a treatment method for a variety of health concerns experienced by persons receiving services.	Provide education and skills training in The Transtheoretical Model and Motivational Interviewing, including a senior leadership workshop on implementing system change to this model of care. This care model provides an excellent complement to the recovery approach to care. Motivational Interviewing emphasizes respect for individual choice, the centrality of the individual in the treatment process, and the individuality of the recovery path.	Hire a consultant to provide MI training and supervision.	6 months	Director of Staff Development and Training, Chief of Staff, Vice President for Patient Care Services, Chief Nurse Executive

Workforce Development

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY
Transition to person first language in documentation and interpersonal communication among staff and with persons receiving services.	Place posters in the nursing unit offices with reminders about person first language use and the ways to use recovery versus traditional descriptions of an individual's experience.	Posters are in the nursing unit offices.	3 months	Director of Staff Development and Training, Facility Director, Chief of Staff, Vice President for Patient Care Services, Chief Nurse Executive

Treatment Planning

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY
Develop and implement methods to assure treatment planning input from persons receiving services.	Develop, collaboratively with service recipients, and pilot a treatment team form to obtain input from the person receiving services. Reinforce that there are no “right” answers to the Team other than a response centered on their personal recovery goals.	Form is developed and approved by the Health Information Management Committee.	6 months	Vice President for Patient Care Services, <i>Chief of Staff, Director of Adjunctive Therapy</i>
Assure person receiving services long range goals are supported by the Treatment Plan.	Work with Teams to assure they focus on the short range goals of persons receiving services, and, that these goals are consistent with the individual's identified long-range goals.	Treatment Plans will have short-range goals that support the person receiving services long-range goals.	12 months	Vice President for Patient Care Services, <i>Chief of Staff</i>
Assure that persons receiving services long-range goals are part of the Treatment Plan.	Develop a section of the treatment plan specifically addressing, in their own words, the long-range goals of the person receiving services.	Treatment Plan will contain documentation of long-range goals.	12 months	Vice President for Patient Care Services, <i>Chief of Staff</i>
Assure that persons receiving services choices are considered in developing treatment.	Inquire as to the existence and availability of any Wellness Recovery Action Plans or Psychiatric Advance Directives that would help convey the treatment preferences of the individual receiving services to the Treatment Team.	Documentation – e.g. Treatment Plan will contain verification of inquiry regarding the assistance of WRAP/PAD documents.	12 months	Vice President for Patient Care Services, <i>Chief of Staff</i>

Design of the Clinical Record

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY
Facilitate open and welcoming communication between the Treatment Team and persons receiving services.	Develop, collaboratively with service recipients, a structured format and form for Treatment Teams that indicates specific areas that must be addressed in communication between the Team and the person receiving services.	Format is developed and implemented as evidenced by format use by Teams.	12 months	Vice President for Patient Care Services, Chief of Staff
Support the ability of persons receiving services to have meaningful input into the design and content of their treatment.	Begin the development of a medical record format and content that will support person first plans, especially the words of the service recipient, as part of the electronic medical record initiative.	Standardized Electronic Medical Record is utilized throughout the facility which is designed to support person first planning and documentation.	36 months	Commissioner of DMHMRAS, Facility Director, Chief of Staff, Vice President for Patient Care
Support the choices of persons receiving services and give them resources to make choices consistent with their goals and preferences.	Pilot use of materials from <i>CommonGround</i> (P. Deegan) to introduce staff to supporting individuals in making choices about risk taking. The <i>"Intervention Assessment Form"</i> , and supporting decision-making charts, provides a method for staff to assess their own potentially neglectful or overprotective interventions. This tool provides structure for the individual and staff to conceptualize choices and risk taking while assessing safety concerns.	<i>"Intervention Assessment Form"</i> will be utilized by the Treatment Teams as appropriate.	18 months	Director of Staff Development and Training, Chief of Staff, Vice President for Patient Care Services
Support the input of families and significant others when they are part of the natural support system for the individual receiving services.	Treatment Teams will contact and involve families and significant others in supporting the success of the individual receiving services when they are part of the natural support system. Will make accommodations to assist with scheduling or transportation difficulties.	Treatment Plans will include a section focused on input from family when this is appropriate to the individual's treatment situation.	12 months	Vice President for Patient Care Services, Chief of Staff
Facilitate support of the individual receiving services when natural supports are not available.	Peer support or counselors will be available to individuals receiving services to support their participation and advocate for their input and choice in the development of treatment plans.	Peer counselors will accompany individuals receiving services to meetings with their Treatment Team when requested.	24 months	Chief Nurse Executive, Chief of Staff, Vice President for Patient Care Services

Resident Activities and Opportunities

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY
Treatment program will expand to improve resilience of individuals receiving services through increased vocational opportunities.	Develop services leading to employment opportunities in vocational areas that are not presently available within the treatment program with input on preferences from individuals receiving services.	Survey of individuals receiving services will be completed. New vocational opportunities will be scheduled.	6 months 18 months	Adjunctive Therapy Director , <i>Vice President for Patient Care Services</i>
New vocational opportunities will be available from the Department of Rehabilitation Services (DRS).	Facility staff will meet with representatives from the Department of Rehabilitation Services (DRS) to explore what additional vocational supports could be made available to individuals receiving services both prior to and following discharge. Individuals receiving services will give input on desired services.	Survey of individuals receiving services will be completed.	6 months	Adjunctive Therapy Director , <i>Occupational Therapist</i>
Volunteer opportunities will be made available to individuals receiving services that can continue beyond hospitalization.	Establish non-hospital based volunteer positions that persons receiving services can participate in while still in the hospital and continue upon hospital discharge.	Individuals receiving services will have volunteer opportunities available through the Active Treatment Program.	30 months	Adjunctive Therapy Director , <i>Occupational Therapist, Vice President for Patient Care Services</i>
Support development of strategies to promote wellness and resilience among individuals receiving services.	Treatment opportunities supporting the development of Wellness Recovery Action Plans as well as other relevant Psychiatric Advance Directives will be made available to individuals receiving services.	WRAP/PAD Development group will be scheduled.	12 months	Adjunctive Therapy Director , <i>Vice President for Patient Care Services</i>

Resident Activities and Opportunities

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY
Relevant leisure opportunities will be developed for non-treatment program times.	Individuals receiving services will have leisure and recreational opportunities outside of Active Treatment Program times. They will be able to choose from activities based on preference and will have tools that provide for health and wellness both while hospitalized and upon returning to the community.	Survey of individuals receiving services will be completed. Opportunities/tools will be on units.	6 months 18 months	Vice President for Patient Care Services, <i>Adjunctive Therapy Director, Chief Nurse Executive</i>
Process and criteria for granting privilege levels will be consistent within the facility	Staff will receive training on the level system, focusing on its use to maintain safety and security of those persons receiving services rather than as a behavior modification system. Will develop a monthly meeting with the specific focus of reviewing the level system and its administration. Patients from the two adult units would meet monthly with staff to review pertinent issues concerning the level system, and these representatives would then report back to peers in their respective Community Meetings.	Staff training Development of review process/meeting	6 months 18 months	Vice President for Patient Care Services, <i>Chief Nurse Executive, Unit Managers</i>

Relationship to the Community

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY
Increase awareness of local, regional and state wide peer resources.	Hold a "Recovery Services Fair" inviting, On Our Own, VOCAL, CELT and other consumer advocacy organizations for attendance by our persons receiving services and staff.	The Fair is held at Catawba with participation from a range of peer groups.	6 months	Chief Nurse Executive , <i>Chief of Staff, Vice President for Patient Care Services</i>
Peer Specialists will become involved in services at the Facility.	Develop an action plan to develop the use of peer specialists in varied roles for Catawba Hospital. Dr. Vicky Fisher will serve as a resource for expanded recovery focused services throughout the organization in consultation with peer advocacy groups.	Peer Specialists will be available to directly assist individuals receiving services as well as in program planning for the facility.	12 months	Vice President for Patient Care Services , <i>Chief of Staff, Chief Nurse Executive</i>
Staff will be educated on the role and potential impact of peer counselors.	Peer counselors as well as persons affiliated with advocacy and peer counseling/support agencies will be contacted to provide training on the role and utility of peer counselors in the treatment process.	Training will be scheduled and completed.	24 months	Director of Staff Development and Training , <i>Vice President for Patient Care Services, Chief Nurse Executive</i>
Employment of a peer specialist.	Develop an employment work profile for a peer specialist provider with a target date of employment in six months.	EWP is developed.	9 months	Vice President for Patient Care Services , <i>Chief Nurse Executive</i>
Develop a list of trained peer providers living within geographic region of Catawba Hospital.	Dr. Fisher will collaborate with WRAP, VOCAL, Statewide Consumer Network, CELT, the Southwest Regional Board and the HST Program to gather data concerning the peer specialist workforce potential.	A report with a list of local peer providers is generated.	6 months	Chief Nurse Executive , <i>Chief of Staff, Vice President for Patient Care Services</i>
Incorporate successful methods for utilization of a peer specialist at the Facility.	Gather information from other state hospitals concerning how peer specialists are utilized in their treatment programs.	Report of data gathered from sister facilities.	9 months	Chief Nurse Executive , <i>Chief of Staff, Vice President for Patient Care Services</i>

Other Relevant Areas

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY
Enhance the aesthetic elements of the living environment for persons receiving services.	Use service recipient artwork to decorate the units. Choose the artwork from a service recipient juried art show at the Facility.	Artwork created by individuals receiving services will be mounted. Art Show will be scheduled.	12 months 36 months	Vice President for Patient Care Services, Chief Operating Officer <i>Adjunctive Therapy Director, Chief Nurse Executive</i>
Promote recovery through the written materials originating from the facility.	Brochures, information sheets, marketing materials, educational materials and other printed materials originating from the facility will be reviewed and revised to incorporate recovery language and concepts.	Printed materials will be revised.	24 months	Social Work Director, Vice President for Patient Care Services, Chief Nurse Executive
Develop materials to help individuals receiving services and significant others understand the recovery process.	An information sheet outlining basic recovery-based concepts and language will be developed and given to each person receiving services at the time of their admission. This can also be sent to their significant others if appropriate.	Information sheet will be developed and included in admission packet.	12 months	Social Work Director, Vice President for Patient Care Services, Chief Nurse Executive
Develop support and educational opportunities for the natural supporters of individuals receiving services.	Plan and implement a monthly support group for the families of individuals receiving services. This would incorporate a training curriculum so that an educational component on recovery topics would be provided at each meeting.	Support group meeting will be scheduled and held.	24 months	Vice President for Patient Care Services, Social Work Director, Chief Nurse Executive

Peer-to-Peer Recognition Nomination Form

Please circle the award that most closely describes the reason you are nominating this person.

You may choose only ONE award category per form.



Creativity - An idea or recommendation that enhances patient care or employee satisfaction.



Compassion – A random act of kindness or a continuing attitude of caring towards others.



Star Performer – Always gives more than asked or consistently performs in an excellent manner.



Safety – An idea or action that enhances the safety of patients and or staff.



Recovery Champion- Demonstrates leadership in use of person first principles and language in supporting recovery for those we serve.

Please provide a brief description of why you think this person deserves this award. (Please write neatly and you may continue on the back of this sheet, if needed.)

Your Name _____ Name of Nominee _____

(Please Print Name Neatly)

Facility Director's Approval _____ Date Submitted _____

****Please forward to the Facility Director's Office****

Name: _____

Date: _____

STAFF DEVELOPMENT AND TRAINING

What Do You Think About Mental Illness and Potential for Recovery?

This questionnaire is not a “test”. It is one tool we use to evaluate the quality of the orientation program. The questionnaire is completed at the beginning and at the end of orientation. Please answer all the questions honestly. There are no right or wrong answers, just what you believe and think.

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|--|-------------------|----------|----------|-------|----------------|
| 1. The concept of recovery is equally important in all phases of treatment. | Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree |
| 2. People receiving psychiatric/substance abuse treatment are unlikely to be able to decide their own treatment and rehabilitation goals except when clinically stable. | Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree |
| 3. All professionals should encourage clients to take risks in the pursuit of recovery. | Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree |
| 4. Symptom management is the first step toward recovery from mental illness and substance abuse. | Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree |
| 5. Not everyone is capable of actively participating in the recovery process. | Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree |
| 6. People with mental illness/substance abuse should not be burdened with the responsibilities of everyday life. | Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree |
| 7. Recovery in serious mental illness/substance abuse is achieved by following a prescribed set of procedures. | Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree |
| 8. The pursuit of hobbies and leisure activities is important for recovery. | Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree |
| 9. It is the responsibility of professionals to protect their clients against possible failures and disappointments. | Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree |
| 10. The more a person complies with treatment, the more likely he/she is to recover. | Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree |
| 11. Recovery is not as relevant for those who are actively psychotic or abusing substances. | Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree |
| 12. Defining who one is, apart from his or her illness/condition, is an essential component of recovery. | Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree |
| 13. It is often harmful to have too high of expectations for clients. | Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree |
| 14. There is little that a professional can do to help a person recover if he/she is not ready to accept his/her illness/condition or need for treatment. | Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree |
| 15. Recovery is characterized by a person making gradual steps forward without major steps back. | Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree |
| 16. Other people who have a serious mental illness or who are recovering from substance abuse can be as instrumental to a person's recovery as mental health professionals. | Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree |